

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 09/994674 FILING DATE
APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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44					
45					
46					
47					
48					
49					
50					
TOTAL IND	8				
TOTAL DEP.	16				
TOTAL CLAIMS	85				

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
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98					
99					
100					
TOTAL IND					
TOTAL DEP.					
TOTAL CLAIMS					